ADMINISTRATIVE ENROLLMENT SITE PROFILE

Date Completed:

Agency Name: ☐

(Enter Legal Name Only)

Instructions: Complete For Administrative Enrollment Site *(Click and type in the GRAY HIGHLIGHTED placeholders below)*

Administrative Enrollment Site Location:

Site Name: ☐   Phone Number: ☐   Fax Number: ☐   After Hours Phone Number: ☐

Address: ☐   City/State: ☐   Zip Code: ☐   Email Address: ☐

Is this site open year round?   ☐ Yes   ☐ No   Does this site allow walk-ins?   ☐ Yes   ☐ No

Hours of Operation:

Number of Days of Operation Per Week: ☐   Number of Hours of Operation Per Week: ☐

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Enrollment Hours (e.g. 8:00am to 5:00pm)							

Requirements:

Staffing: *Administrative Enrollment site must have Certified Enrollment Counselors (CECs) and/or Certified Application counselors (CACs)*

Number of CECs on site: ☐   **Number of CACs on site:** ☐

Equipment: *The Administrative Enrollment Site must be fully equipped with all necessary equipment (e.g., computers/laptops with Internet access, printers, copiers, scanners, etc.)*

Number of Computers/Laptops ☐   **Number of Printers/Copiers** ☐   **Number of Scanners** ☐

Licensure: *(Must attached verification documents)*

☐   **Business License Number:** ☐   **Effective Date:** ☐   **Expiration Date:** ☐

       OR

☐   **Rental Agreement: Effective Date:** ☐   **Expiration Date:** ☐

☐   **If more than one entity is occupying shared space – must submit Memorandum of Understanding:**

       Effective Date: ☐   **Expiration Date:** ☐

Form Completed By: ☐   Telephone Number: ☐   Email: ☐